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CONFIRMATION NO. 4112

SERIAL NUMBER 10/802,476	FILING DATE 03/16/2004 RULE	CLASS 095	GROUP ART UNIT 1724	ATTORNEY DOCKET NO. 60254 (70259)						
APPLICANTS G.B. Kirby Meacham, Shaker Heights, OH; ** CONTINUING DATA ***** <i>RHS</i> This application is a CIP of 10/696,251 10/29/2003 ** FOREIGN APPLICATIONS ***** <i>RHS</i> <div style="text-align: center;"><i>NONE</i></div> <div style="text-align: center;">** SMALL ENTITY **</div>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Robert H. Seitz</i> <i>RHS</i> <div style="display: flex; justify-content: space-between;"> Examiner's Signature Initials </div> </td> <td style="width: 10%; text-align: center; vertical-align: top;"> STATE OR COUNTRY OH </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 3 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 25 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 3 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Robert H. Seitz</i> <i>RHS</i> <div style="display: flex; justify-content: space-between;"> Examiner's Signature Initials </div>	STATE OR COUNTRY OH	SHEETS DRAWING 3	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3	
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ADDRESS Peter F. Corless EDWARDS & ANGELL, LLP P.O. Box 55874 Boston , MA 02205										
TITLE Noble metal gas barriers										
FILING FEE RECEIVED 430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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